Unde	U. If the paperwork Reduction Act of 1995, no persons are required to respond to a	.S. Pater	PTO/SB/22 (11 Approved for use through 11/30/2007, OMB 0651- ent and Trademark Office; U.S. DEPARTMENT OF COMME tion of information unless it displays a valid OMB control nur	0031 RCE	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			331326-287		
Application Number 10/783,201			Filed FEBRUARY 19, 2004		
For LEVEL SET SURFACE EDITING OPERATORS					
Art Unit	2628		Examiner SAID A. BROOME		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$		
	Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$ 230.00		
	Three months (37 CFR 1.17(a)(3))	\$1050	0 \$525 \$		
Γ	Four months (37 CFR 1.17 (a)(4))	\$1640	0 \$820 \$		
	Five months (37 CFR 1.17(a)(5))	\$2230	0 \$1115 \$		
[Z] Ap	Applicant claims small entity status. See 37 CFR 1.27.				
A	A check in the amount of the fee is enclosed.				
☐ Pa	Payment by credit card. Form PTO-2038 is attached.				
Th	he Director has already been authorized to charge fees in this application to a Deposit Account.				
⊠ Th De	y be required, or credit any overpayment, ve enclosed a duplicate copy of this sheet				
WARNING: Information on this form may become public. Credit card information should not be included on his form. Provide credit card information and authorization on PTO-2038.					
I am the [applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 31967					
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34					
DECEMBER 6, 2007 Signatore Date					
J.D. HARRIMAN II			310-595-3000		
V	Typed or printed name	***	Telephone number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.					